

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AT		9-19-00
O.I.P.E. CLASSIFIER	W		9-25-00
FORMALITY REVIEW	A.S	373	10-18-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	X	X	
2	X	X	
3	X	X	
4	X	X	
5	X	X	
6	X	X	
7	X	X	
8	X	X	
9	X	X	
10	X	X	
11	X	X	
12	X	X	
13	X	X	
14	X	X	
15	X	X	
16	X	X	
17	X	X	
18	X	X	
19	X	X	
20	X	X	
21	X	X	
22	X	X	
23	X	X	
24	X	X	
25	X	X	
26	X	X	
27	X	X	
28	X	X	
29	X	X	
30	X	X	
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32	X	X	
33	X	X	
34	X	X	
35	X	X	
36	X	X	
37	X	X	
38	X	X	
39	X	X	
40	X	X	
41	X	X	
42	X	X	
43	X	X	
44	X	X	
45	X	X	
46	X	X	
47	X	X	
48	X	X	
49	X	X	
50	X	X	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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